

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531085

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5	1					
6						
7		2		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
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33	1		1			
34	1					
35		3		1		
36		3		1		
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42		3		1		
43		3		1		
44		3		1		
45		3		1		
46		3		1		
47		3		1		
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	44	←		←
TOTAL CLAIMS			47			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						